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3765

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PATENT
Attorney Docket No.: CSI-2012

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Harry Macey

In re Application of:

Nguyen, et al.

Serial No.: 09/686,729

Filing Date: October 10, 2000

Title: MINIMALLY INVASIVE
ANNULOPLASTY PROCEDURE AND
APPARATUS

Examiner: A. Hoey

Group Art Unit: 3765

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TRANSMITTAL

Commissioner for Patents
Alexandria, VA 22313

Sir:

Transmitted herewith are the following:

1. Fee Transmittal (1 pg) in duplicate
2. Supplemental Information Disclosure Statement (3 pgs)
3. Substitute Form 1449A (1 pg) and a copy of all cited references
4. Return Postcard

[X] Authorization to charge the \$180.00 fee for the Supplemental Information Disclosure Statement to Deposit Account No. 50-1947 is provided on the Fee Transmittal. A duplicate copy of that document is enclosed.

[] The Commissioner is hereby authorized to charge any fees required by this submission to Deposit Account No. 50-1947 referencing Attorney Docket No. *.

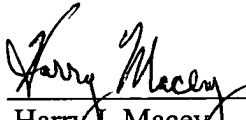
06/09/2004 WASFAW1 00000016 501947 09686729

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[X] The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 50-1947, referencing Attorney Docket No. CSI-2012.

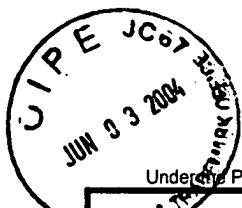
Respectfully submitted,

Date: June 3, 2004

By: 

Harry J. Macey
Registration No. 32,818

LAW OFFICE OF HARRY J. MACEY
1301 Shoreway Road, Suite 121
Belmont, CA 94002-4106
Telephone: 650.654.9555
Facsimile: 650.654.9554



PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032

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PATENT & TRADEMARK OFFICE		Complete if Known																																																																																																																													
FEE TRANSMITTAL for FY 2004 <i>Effective 10/01/2003. Patent fees are subject to annual revision.</i>		Application Number	09/686,729																																																																																																																												
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METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 50-1947 Deposit Account Name: LAW OFFICE OF HARRY J. MACEY The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge Any Additional Fee(s) Required under 37 C.F.R. 1.17. <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		FEE CALCULATION (continued) 3. ADDITIONAL FEES RECEIVED JUN 16 2004 TECHNOLOGY CENTER R3700																																																																																																																													
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Name (Print/Type)	Harry J. Macey	Registration No. (Attorney/Agent)	32,818																																																																																																																												
Signature		Telephone	650-854-9555																																																																																																																												
		Date	June 3, 2004																																																																																																																												

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